

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 708425 (4)
 1. Corporation Name
HARDING STREET CHURCH OF CHRIST, INC.

Principal Place of Business 5828 HARDING STREET HOLLYWOOD FL 33021	Mailing Address 5828 HARDING STREET HOLLYWOOD FL 33021
--	--

3. Date Incorporated or Qualified 02/02/1965		
4. FEI Number 65-0025269	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

HORACE Y. MAGUIRE
 1821 N. 48TH AVE.
 HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Horace Y. Maguire* (NOTE: Registered Agent signature required when reinstating) DATE: *1/28/98*

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLASINGIM, EDWIN	
STREET ADDRESS	1160 NW 193 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLAIBORNE, EDGAR	
STREET ADDRESS	1761 NW 85TH WAY	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RICHARDS, GEORGE L.	
STREET ADDRESS	10671 N.W. 20TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FOSSLER, EDWARD	
STREET ADDRESS	9780 S.W. 55TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EVANS, MELVIN	
STREET ADDRESS	6501 S.W. 5TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edwin Blasimgim* **REQUIRED** DATE: *1/28/98* PHONE: *954-961-4112*

CR2E037 (10/97)